

# Mothers Care Givers Action towards the Management of Diarrhoea

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**Received date:** June 07, 2022, Manuscript No. IPJNHS-22-14178; **Editor assigned date:** June 09, 2022, PreQC No. IPJNHS-22-14178 (PQ); **Reviewed date:** June 23, 2022, QC No. IPJNHS-22-14178; **Revised date:** June 28, 2022, Manuscript No. IPJNHS-22-14178 (R); **Published date:** July 07, 2022, DOI: 10.36648/2574-2825.7.7.032

**Citation:** Terzi A (2022) Mothers Care Givers Action towards the Management of Diarrhoea. J Nurs Health Stud Vol.7 No.7:032.

## Description

The Diarrhoea is defined as the passage of three or more loose or liquid stools per day or more frequent than normal for the individual. It is caused by Variety of bacteria, viruses and parasites. Infection spreads through contaminated food, drinking water or from person to person as a result of poor hygiene. It is both preventable and treatable disease. Diarrhoea can last several days, and can leave the body without the water and salts that are necessary for survival. Most people who die from diarrhoea actually die from severe dehydration and fluid loss. Diarrhoea is usually a symptom of an infection in the intestinal tract, which can be caused by a variety of bacterial, viral and parasitic organisms.

The Integrated Management of Childhood Illness (IMCI) guidelines advise the use of ORT, along with continued feeding for appropriate diarrhoea case management. Proper home management can reduce morbidity and mortality due to diarrhoea. It was estimated that 60-70 percent of diarrhoea related deaths are caused by dehydration due to loss of water and electrolytes. Managing diarrhoea at home is quite common among mothers. Despite universal popularity of Oral Rehydration Solution (ORS) in preventing dehydration due to diarrhoea, its use in practice is very low. The poor practice of using ORS is accompanied by its incorrect preparation which is related to lack of mothers' prior experience. There is a practice of reducing and even stopping fluids during diarrhoea. Diarrhoea is one of the major causes of morbidity and mortality in under five Children all over the world, special in developing countries due to lack of knowledge and practice in diarrhoeal disease management.

## Oral Rehydration Solution

Globally, there are about 1.7 billion diarrhoeal cases ever year. It is estimated that there are 2.5 billion episodes and 1.5 million deaths annually in children under-five years of age. This accounts for 21% of all the deaths in developing countries and the number has remained unacceptably high. Diarrhoea kills young children more than Acquired Immunodeficiency Syndrome (AIDS), malaria and measles combined. It also exposes children to secondary infection. Deaths of under five children from diarrhoea have been estimated to be 800000 worldwide from which more than 80% of these deaths occur in South Asia and Africa (46% in Africa alone).

In South Africa, diarrhoea is today regarded as the third leading cause of under-five deaths. These children have died because of the previous poor use of ORT at home by some of the mothers/caregivers and these deaths are caused mainly by dehydration which can be treated with ORT. In Ethiopia also, diarrhea is the second killer of under-five children next to pneumonia. The role of the family, especially the mother, is vital in health promotion, disease prevention and patient care. In the actions mothers take, the minimum required is a brief and superficial examination of the dehydrated child and the amount and type of liquid fed to him/her in the case of diarrhoea, even, these actions are vital for paediatric welfare.

Most of the time diarrhoea is managed by mothers in their home. However, their level of practice on management is poor. Similarly, their practice to use universal popular Oral Rehydration Solution (ORS) in preventing dehydration due to diarrhoea is also very low. This poor practice leads to inappropriate management of diarrhoea and the complication.

Study done in Ethiopia also indicates that 36.7%, poor practice towards diarrhoea management which was un ignored number. In Ethiopia, only few studies have been carried out to investigate the practice of mothers towards management of diarrhoea for children under- five years of age. Especially there is no single study done in the study area regarding this problem. Thus, this study is to fill this gap and determine the current mothers' practice regarding management of diarrhoea for fewer than five children.

## Operational Definition

Mothers/care givers action towards the management of diarrhoea towards their under five children. Practice score considers as a good and poor practice based on the mean score of practice questions (mean=6). Those mothers/care givers who able to answer above or equal to the mean of the practice questions were measured as good practice. Those mothers/care givers who answer below the mean of the practice questions were measured as poor practice. According to the findings, 193 (59%) of them had good practice in managing diarrheic in children under the age of five. Feeding should be continued during diarrheal disease, according to the majority of mothers/ care givers 305(93.6%). Approximately 168 (46.4%) mothers provide a typical family diet, while 20 (5.5%) mothers provide coffee powder. 278 (85%) give more fluid than normal, while 29

(9%) give less fluid than usual. Around 227 (44%) people use salt with water, while 55 (10.7%). Mothers/care givers use juice. About 181 (56%) of them are aware of how to properly prepare ORS, while 145 (44%) are unaware of how to properly prepare ORS.

This study also showed that from the total of 326 mothers/care givers 193 (59.2%) of them had good practice on management of diarrheic and 133 (40.8%) had poor practice. It is consistent with the study conducted in Iran which indicated (56%) mothers had good practicing of diarrhoea management and diet while 44% had a poor practice. However, it is lower when compared with the study conducted in Karanchi which indicated majority of mothers (75.5%) had good practice on diarrheic management and ORS preparation. This difference might be due to different socio-economic life of study

populations. Similar study conducted in Ethiopia revealed that 381(45.9%) of the mothers had good practice towards management of diarrheic which is lower than this study finding. This discrepancy might be because of different setting or study period. Educational status, being mothers in relationship and income had significance association with diarrheal management practice of mothers/care givers. The finding is consistent with other studies conducted in India in which there is significance association between educational status mothers and diarrhoea management in less than five year's children. It also consistent with study conducted in Ethiopia, Fenote Selma town the educational status significant association with mothers/care givers diarrheal management practice. Since high educational status can guide how to prepare and manage diarrhoea than in lower grade status.